

## **2005 White House Conference on Aging Post-Event Summary Report**

**Name of Event:** Geriatric Mental Health Foundation Conference

**Date of Event:** March 3, 2005

**Location of Event:** San Diego, California

**Number of Persons attending:** 120

**Sponsoring Organizations:** Geriatric Mental Health Foundation; Older Adult Mental Health Consumer Alliance; University of California, San Diego Division of Geriatric Psychiatry; San Diego County Adult and Older Adult Mental Health Services; San Diego Coalition for Older Adult Mental Health and Substance Abuse.

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### **Priority Issue:**

**The 2005 White House Conference on Aging mini-conference convened by the Geriatric Mental Health Foundation in San Diego, California, recommends that mental health care for older Americans of all cultures be given a high national priority for funding, research, and workforce development.**

### **Barriers:**

*Mental illness is the leading threat to independence and quality of life of older adults.* In 2001, the Office of Inspector General reported that the prevalence of mental illness among nursing home residents is particularly high: Two-thirds of residents have diagnosable mental disorders and one-fourth have depression. These startling numbers demonstrate that fostering good mental health and providing treatment and support in the community for those who have mental illnesses are crucial for meeting the goals of older adults and their families in their quest for a good quality of life and independence. Numerous problems arise in this quest. Among them are a lack of affordable, acceptable housing that provides necessary support; a lack of affordable and acceptable home-based services and transportation to meet the comprehensive needs of older adults, especially those with mental health problems; and disincentives in the health care system for professionals to enter geriatric mental health disciplines; and inadequate community-based group activities and models such as adult day centers, senior centers, life-long learning programs, and mental wellness activities. Inadequate treatment and services for those with late-life mental

health problems have profound effects on family members as well. Caregiving is often an enormous drain on the financial security and health of family members, too many of whom become depressed as a result.

*The existing health care system is inadequate, inaccessible, and inappropriate to meet existing mental health needs of older adults.* The Older Adults Subcommittee of the President's New Freedom Commission on Mental Health noted the need for integrated mental health services in primary and long-term care since those are the settings in which the vast majority of older adults receive all health care services. A frail, older adult suffering from depression is simply not going to be willing or able to take public transportation to a mental health services center and wait there with young men who are coping with psychosis and addictions. In any case, the vast majority of mental health professionals are inadequately trained to address the particular issues presented by older adults who typically are dealing with numerous comorbidities that complicate their treatment. The lack of cultural competence that is pervasive in the health care system is an even greater problem in an area as sensitive as mental health. Medicare discriminates against those with mental illness by requiring beneficiaries to pay a 50% copayment for outpatient mental health services, as opposed to a 20% copayment for all other conditions. Finally, financial disincentives for mental health professionals to treat older adults as well as the stigmas associated with mental illness and old age have led to a serious shortage in the mental health workforce for older adults and for inadequate training in both mental health and primary care specialties.

*Stigma and lack of cultural awareness limit access to quality care, services, and treatment.* People with mental illness have experienced a long history of discrimination and stigma. As cited in the final report of the President's New Freedom Commission on Mental Health, "Achieving the Promise: Transforming Mental Health Care in America," this practice has an even deeper impact on those who are minorities, rural residents, and older adults. Older adults themselves may be fearful of acknowledging that they have a mental illness or seeking treatment because of a number of concerns. They worry that if they identify themselves as in need of mental health services, they may jeopardize their health care and their insurance. Other fears include loss of financial security and independence, embarrassment, further isolation, or of being declared incompetent. The public view of mental illness in older adults is intertwined with ageism. Stigma against older adults who suffer a mental illness is enhanced by the combined "double jeopardy" of society's negative views of aging and mental illness. As a general population, older adults experience discrimination. Older adults are subject to stereotypes of being childish, resistant to change, stubborn, and requiring many resources. Yet, older adults with mental illnesses are further isolated by society, viewed as untreatable or not worth being treated for mental illness.

**Proposed Solutions:**

*Funding.* Much of the focus of the White House Conference on Aging is on setting the stage for the baby boomer generation to live into old age with good health and a good quality of life. It is clear that some investments – both by the government and by the private sector – must be undertaken to rectify policies that lead to institutionalization and poor health outcomes. Investments in better mental health will ultimately be cost efficient: more seniors will be able to live in the community instead of in institutions if they have appropriate housing and transportation, if there are community centers to provide care and meaningful activities, and if there are adequate and acceptable respite services for family caregivers. Because mental illness aggravates and worsens a wide range of medical conditions, mental health treatment is critical to reducing hospital stays. Improvement of the quality of life of older adults also demands that both the private and public sectors of our society work to eliminate the stigma associated with late-life mental illness through a national campaign and through requirements for research and health services agencies to implement plans to reduce stigma.

*Research.* The U.S. Surgeon General's Report on Mental Health (1999) and the Administration on Aging Report on Older Adults and Mental Health (2001) underscore the prevalence of mental disorders in older persons and provide evidence that research has led to the development of effective treatments. These reports summarize research findings showing that treatments are effective in relieving symptoms, improving functioning, and enhancing quality of life. Preliminary findings suggest that these interventions reduce the need for expensive and intensive acute and long-term services. However, it is also well demonstrated that there is a pronounced gap between research findings on the most effective treatment interventions and implementation by health care providers. This gap can be as long as 15 to 20 years. These reports stress the need for translational and health services research focused on identifying the most cost-effective interventions, as well as creating effective methods for improving the quality of health care practice in usual care settings. A major priority is the development of a health services research agenda that examines the effectiveness and costs of proven models of mental health service delivery for older persons.

*Workforce development:* Workforce issues may be addressed by expanding geriatric traineeships for psychiatrists, social workers, nurses, psychologists and other health professionals and through financial incentives such as loan forgiveness programs and continuing education funding. To address problems of inadequate training for general mental health practitioners and primary care providers, the government and the education system should introduce geriatric course work or rotation for all students that includes promotion of evidence based and emerging best practices and skills in treating people with co-occurring mental and addictive disorders. Finally, it is crucial that disparities in reimbursement between geriatric mental health, behavioral health and substance abuse practice and other areas of mental health and health care practice be eliminated in both the public and private sectors.